



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

RECEIVED
DHSS Breath Alcohol Program
By Carol Day at 1:59 pm, Sep 03, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN 66-005259	DATE OF INSPECTION 9-1-09
LOCATION OF INSTRUMENT (STREET AND CITY) 1001 HEROES WAY SUGAR CREEK MO 64054	TIME OF INSPECTION 0215

CHECKLIST

Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- ☒ DVM TEST: (.350 ± .150) **.358**
- ☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED) **OK**
- ☒ CHARACTER DISPLAY TEST **OK**
- ☒ PRINT TEST (PRINTOUT ATTACHED) **OK**
- ☒ TIME AND DATE **0219 09/01/2009**
- ☒ CALIBRATION CHECK —
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE CAL. CHECK MODE) (PRINTOUT ATTACHED)
 - ☒ 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
 - ☐ 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE
 (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ✓ .100	TEST 2 ✓ .100	TEST 3 ✓ .101
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- ☒ SIMULATOR TEMPERATURE (34° ± .2°C) **34°**
- ☒ PERFORM RFI TEST (PRINTOUT ATTACHED) **OK**
- ☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS 4	0-.04 0	.05-.09 1	.10-.14 2	.15-.19 0	Over .19 2
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Instrument operating within DHSS guidelines

Manu: **Guth**

Lot#: **09120**

Exp. Date: **4-5-2010** Concen: **.10**

INSPECTING OFFICER		PRINT NAME Sgt. Jonathan Fields
SIGNATURE 		TELEPHONE NUMBER 816-252-7058
TYPE II PERMIT NUMBER/EXPIRATION DATE 720211 10-09-09		



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **09120** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1198** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **April 8, 2010** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

SN 66-005259
E735.23
INVALID TEST
INHIBITED - RFI

09/01/2009
02:29

1000 HERDES WAY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005259
09/01/2009

TEST	%BAC	TIME
AIR BLANK	.000	02:24
CAL. CHECK	.100	02:25
AIR BLANK	.000	02:25
CAL. CHECK	.100	02:26
AIR BLANK	.000	02:26
CAL. CHECK	.101	02:26
AIR BLANK	.000	02:27

NO RFI PRESENT

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

720211

10-09-09

SN 66-005259
E735.23

09/01/2009
02:19

ABCDEFGHIJKLMNOPQRSTUVWXYZ0123
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#abcde
ABCDEFGHIJKLMNOPQRSTUVWXYZ0123456789!@#abcde

1001 HERDES WAY
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005259
09/01/2009

DIAGNOSTIC TEST 02:18

PROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMNOPQRSTUVWXYZ
0123456789

SUBJECT'S NAME

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720211

12-09-09

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JONATHAN R. FIELDS

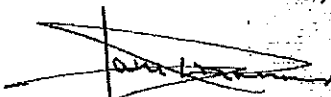
is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER/INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/09/07
Number 720211
Expires 10/09/2009


Director of State Public Health Laboratory


Director, Department of Health